

Name
in
Full

Eva Rebecca Galtor

CERTIFICATE OF DEATH

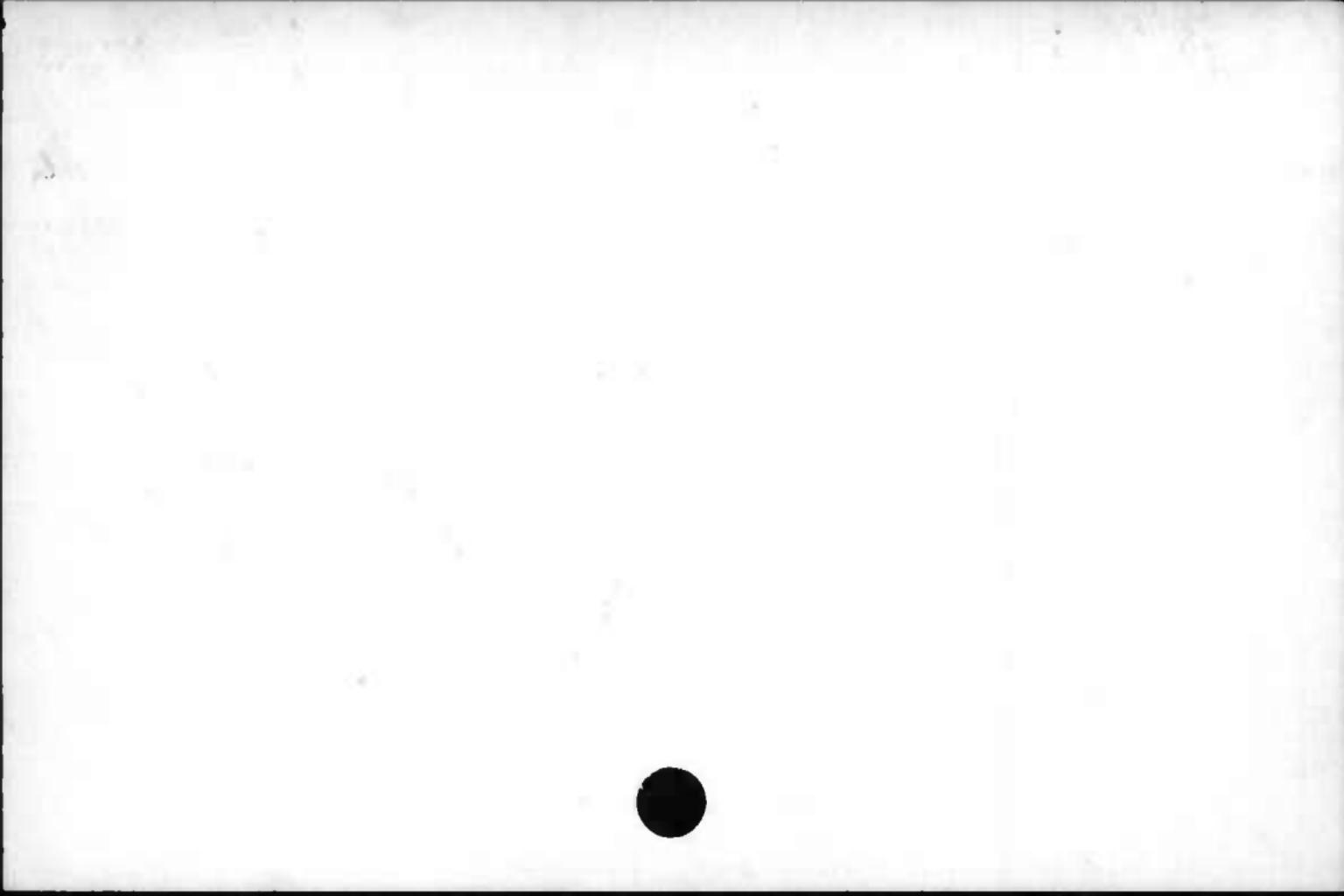
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County			
	Hollywood		St. Marys Co.		MARYLAND	
Date of death 190	5	Month Jan	Day 26	Years	Age 32	Months
Sex	Color or Race		white		Days	
Married, Single or Widowed			Occupation		St. Marys Co.	
Name of Wife or Husband	Single					
Father's Name	W. W. Galtor				Father's Birthplace	
Mother's Maiden Name	Jennie Galtor				Mother's Birthplace	
Name of person giving information	Char M. Galtor				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hypert		How long	3 months
Immediate	Heart failure		How long	
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	O. J. Greenwell
			Address	Post. Health Office
Accident or Suicide?				



Name
in
Full

William F. Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town Morganza	County St. Mary's		MARYLAND	
Date of death	Month Jan.	Day 12	Years 69	Age	Months	Days
Sex Male	Color or Race Colored			Birth- place Md		
Occupation Farmer	Where Residing If not at place of death Mary E.					
Married, Single or Widowed	Name or Wife or Husband					
Father's Name Henry Hall						Father's Birthplace Md.
Mother's Maiden Name Mary Wilson						Mother's Birthplace "
Name of person giving Information Edwin Hall						How related to deceased Son -

CAUSES OF DEATH

Primary

Paralysis

How long

8 years.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

R. B. Johnson -
Morganza -

Address

Accident or Suicide?



Frank Juniper

Town

County

Died at

Herrick

MARYLAND

Month

Day

Y.

M.

D.

Native of

Date 1905

Male

Female

White

Colored

Age 90

Married

Single

Widow

Widower

Widowed

Divorced

Occupation

Farmer

8

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Cystitis

How long sick

2 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



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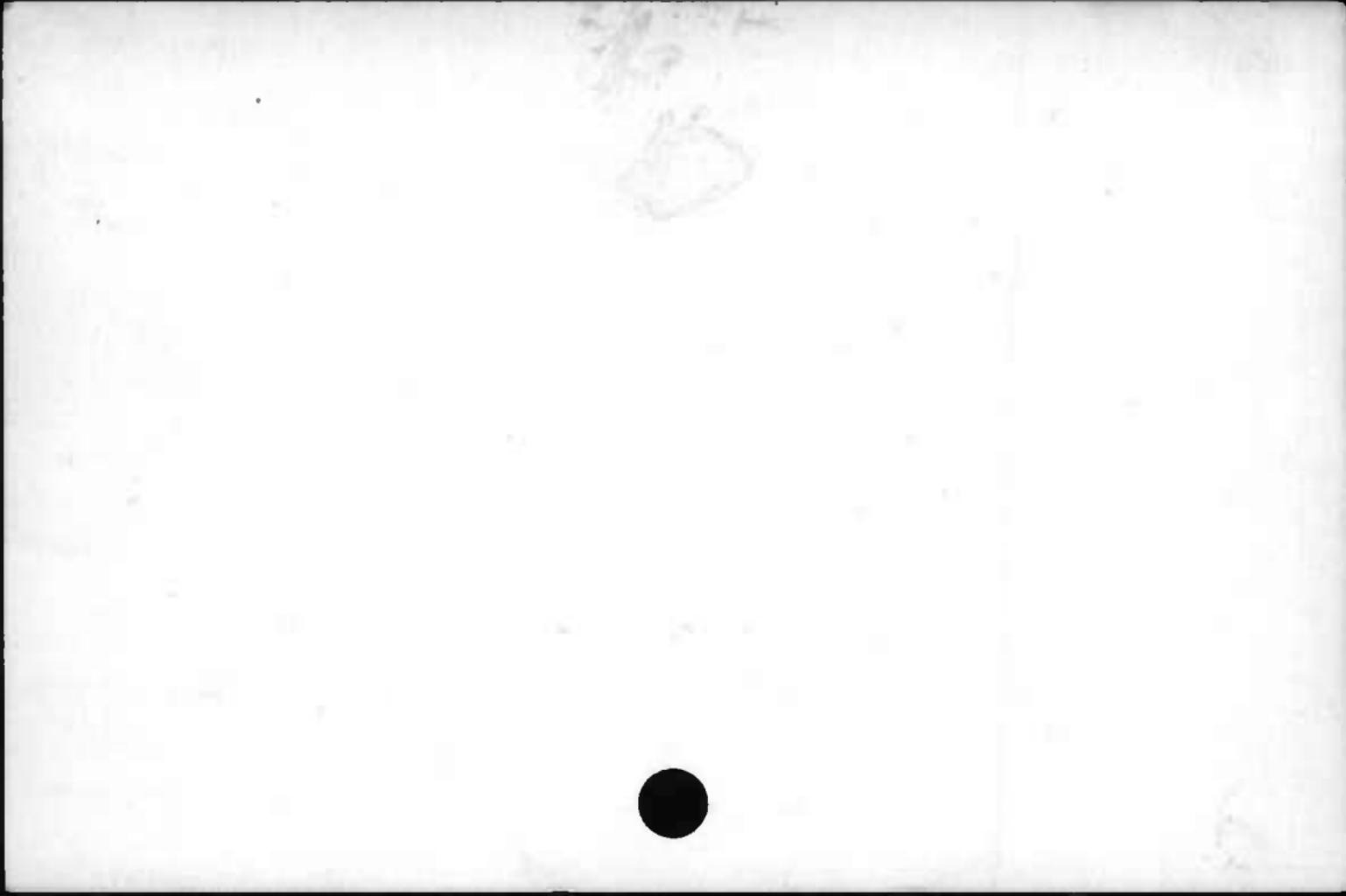
CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death 1905	Month 1	Day 6	Years 24	Munths	Days	
Sex male		Color or Race colored	Birth-place in or Golingan			
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name		Hiley Loy Jr		Father's Birthplace		in d
Mother's Maiden Name		Martha Miles		Mother's Birthplace		in d
Name of person giving information		Francis Loy Jr.		How related to deceased		Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	
Immediate	How long 7 months	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
yes.	Address	
Accident or Suicide?	Rott-V Palms Palms in d	



Name
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TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Jane E Mattingley

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1905	Jan	18	Age 95	-	-	
Sex	Female	Color or Race	White	Birth-place	St Georges Co	
Occupation	Retired			Where Residing if not at place of death	-	
Married, Single or Widowed	widowed	Name or Wife or Husband	William Mattingley	Father's Birthplace		
Father's Name				Mother's Birthplace		
Mother's Maiden Name				How related to deceased	son-in-law	
Name of person giving information	Richard T Abell					

CAUSES OF DEATH

Primary

Organic Heart Disease

How long

several yrs

Immediate

Emphysema

How long

Eight days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. J. Greenwell
St Georges Co

Accident or Suicide?



Name
in
Full

William Vernon Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Leonardtown</u>		Town		County <u>St Marys</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Jan</u>	Day <u>24</u>	Age <u>4</u>	Years	Months <u>10</u>	Days	
Sex <u>male</u>	Color or Race <u>white</u>	Occupation		Birthplace <u>St Marys Co</u>			
Married, Single or Widowed	—		—				
Name of Wife or Husband		—			—		
Father's Name	<u>William V. Waters</u>			Father's Birthplace		<u>St Marys Co</u>	
Mother's Maiden Name	<u>Ruth Combs</u>			Mother's Birthplace		<u>St Marys Co</u>	
Name of person giving information	<u>W. V. Waters</u>			How related to deceased		<u>father</u>	

CAUSES OF DEATH

Primary <u>Scarlet fever</u>	How long <u>one month</u>
Immediate <u>Meningitis due to scarlet fever</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>F. P. Greenwell</u>
Address <u>Leonardtown</u>	
Accident or Suicide?	

